mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAshould state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5932
1. PLACE OF DEATH	(124%)
County Calvert	Registration Dist. No. 52
Village or City Dunkenk	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Length of residence in city or town where death occurredyrs,mos.	yrsmosas.
2. FULL NAME JOURS	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED.	21. DATE OF DEATH
Mule Col OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, ordivorced	
HUSBAND of James Google	22. HEREBY CERTIFY, That I attended deceased from
C DATE OF DIPTH (week do not your Sept & 1820	last saw below alive on from 1937: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6.3 (Lgay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, Harries AWYER, BDDKKEEPER, etc.	Cerrations of Civil 1932
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this necuration (month and	
SAW MILL, BANK, etc.	
- I this decapation (month and)	
yaar) occupation occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Calvest Co Med	
(Color of Coloring)	
I // // //	No. of the second
14. BIRTHPLACE (city or town) William (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Persoila Waters	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Cus cold Waters 16. BIRTHPLACE (city or town) anne annual Co	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Walter Boose	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Dunking Smid	
18. BURIAL, CREMATION, DR BEMOYAL	Manner of injury
Place Halls Creek Date June 2, 193.3	Natura of injury
19. UNDERTAKER Wilson Siwell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Darle	If se, specify
20. FILED June 12, 1933	(Signed) M. D. M. D. M. D.
W. N. Hardesty Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Cerebral bemorphase	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAitem of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING N. B.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	942
County Calvert	Registration Dist. No. 27/
Village or City Daws Orach	No. St., War
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds How long In U.S. if of foreign birth?
2. FULL NAME annie Brooks	Proper of
(a) Residence: No. Dalls Beach	St., Ward.
(Usual place of abode)	If nonresident give city or town and Stafe
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
e. If married, widowed, or divorced	1 HEREBY CERTIFY, That I attended deceased from
2	Clast saw h. et alive on Jerske & 19.33 death is sei
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et . 7
Innua 6540 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were esfollows: Detelectorise Oppolaring Detelectorise
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Con having a certain fair
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this necuration (month and	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end spant in this occupation.	
2. BIRTHPLACE (city or town) Calvert Causally	Other Cantributory Causes of Importance: oqmi 30
(State or country)	- alieno pelecous.
13. NAME BOWEN. 14. BIRTHPLACE (city or town). Calvell Carell	01.1
14. BIRTHPLACE (city or town) Calvett Could	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Laguel Lawler (Address) June 1 7 wellench	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, DR REMOVAL	3 Manner of injury
Placed Date 19.	Nature of Injury
10	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER Segrand Hemsley (Address) 818 Dried Hill and	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis Perilonitis	3 days ago
WAREA S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05924
	1. PLACE OF DEATH	119
JOO Pluo		Registration Dist. No.
item of should of OCC	Village or City Kurly's	No. St., Ward f death occurred in a hospital ar institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME Cla L. Beauco	
RD. Every YSICIANS statement	(a) Residence: No. Luxleys	St., Ward.
- 5 m	(Usual place of abode)	If nonresident give city or town and State
RECC. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HA	3. SEX 4. COLOR OR RACE Colored. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
0 6 5	5a. If married, widowed, or divorced HUSBAND of	
BINDIN FEMANI EXACT y classific	(or) WIFE of	22. HEREBY CERTIFY, That I attended decessed from
	6. DATE OF BIRTH (month, day, end yeer) april 24 1933	I last saw half alive on Same 13 19 33 death is said
- R	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 10 cm.
FOR IS A stated proper	/ 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
F(S) IS sta	8 Trade profession or perticular	Ceule Julestival Maret June
ED HIS be be of of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Malulleline / Nay 15
KTI fould may back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED G INK—THIS GE should be that it may be		
RES NG II AGE that	11. Total time (years) this occupetion (month and year) year)	
N R. DING AG So the ctions	12. BIRTHPLACE (city or town) Lugly	Other Contributory Causes of Importance:
	(State or country)	
UNFA UNFA supplied a terms, ee instri	13. NAME Errest 9. Brown	
D H T a	13. NAME CILET A. VISLOUIU 14. BIRTHPLACE (city or town) Poal 6 MJ	Name of operation
T	(State of Country)	What test confirmed diagnosis? Was there an eu¹opsy?
INLY, WITI be carefully EATH in pla	15. MAIDEN NAME Lycla Kent	23. If death wes due to external causes (VtOLENCE) fill In elso the following:
car Orta	0 16. BIRTHPLACE (city or town) Calvert	Accident, suicide, or homicide?
PLAINLY, ould be can F DEATH ery import	(Stete or country)	Where did injury occur? (Specify city or town, county and State)
Y PA Y	17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
40	(Address) 18. BURIAL CREMATION, OR REMOVAL	Manage of the t
S S S	Place from Frint gate Jone 20 19 3 3	Menner of injury
WRITE mation s CAUSE TION is	Trilon Lenger	24. Was disease or injury in any way related to occupation of deceased?
T C II	19. UNDERTAKER (UNA) CARLO (Address)	If so, spenify
N M	20. FILE Dame 26 19 NO. Paulie, well.	(Signed) legge fold lull M. D.
à Z	Registar.	(Address) I figure Judius Ma
(1)	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Remesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	the state of the s	Example II	
The principal cause of death and related of importance were as follows:	nted causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UP	July 5, 192	7 Perilonilis	3 days ago
0.94	The second second second		
Other contributory causes of importa	nce:	Other contributory causes of importance:	
Gallstones	May 1,192	3 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	SBY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5925
0 1 4	Registration Dist. No. 52
Village or City Change	No
Length of residence thicity of town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME fulton & Cleaney	
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mus Dua E. Change	22. 1 HEREBY CERTIFY. That I attended deceased from 1930, 19 2 2 19 32
6. DATE OF BIRTH (month, day, and year) 29 1860	I last saw h. Land alive on More 1 40 , 1930; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Coronay embolisin 6/24/33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	Other Constitute Course the section of the section
IZ. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME Joseph A Chang	
14. BIRTHPLACE (city or town) —) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Thina Fischer	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)————————————————————————————————————	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT My Fultar Charge	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR PEMOVAL Place Alunkurk Date June 24, 19.3.3	Manner of Injury
19. UNDERTAKER H. O. Helch. (Address) Friendship	24. Was disease or injury In any way related to occupation of deceased?
20. FILED June 24, 1933 New Olevellety Registrar.	(Signed) Augh W. Ward M. D. (Address) Common M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year
	<u> </u>		

(Address

20. FILED

B

05926

(119)	
Regi	istration Dist. No. 51
No.	St., Ward
eath occurred in a hospital or institution, give	
ds. How long in U.S. if of foreign	birth?ds.
are_	
St., Ward.	*****
	onresident give city or town and State
	ICATE OF DEATH
21. DATE OF DEATH	6
(Month	(Day) (Yaar)
	RTIFY, That I attanded daceased from
19.50	
Nast saw h aliva on	Ø 30.
to have occurred on the data stated above,	at
The PRINCIPAL CAUSE OF DEATH and raware as follows:	Data of onest
acrete Gastro)	retestinal upper June 150
Other Coutributory Causes of importance:	
Maluntretura	Lysen
Name of operation	
	Was there an au'opsy?
23. If daath was due to external causas (VID)	
	Date of injury
Whera did injury occur?	, 17
(Spec Specify whether injury occurred in INDUST	ify city or town, county and State)
Specify whether injury occurred in INDOST	RY, IN HOME, OF IN PUBLIC PLACE.
Manage of latings	
Manner of injury	
Nature of injury	<i>M</i>
24. Was disease or Injury in any way related	to occupation of decaased? PCO
If so, spacify	E 1 11 11
(Signad)	gett Mb M.D.
(Address) Hans	be I walnuch me
I N. Charles Street Baltimore Requesting	U.S. No. r

If more blanks are needed, address State Registrar, 24

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	----------	-----------	------------	----	-----------

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINLY, WITH ż

BINDING

FOR

ARGIN RESERVED

STATE OF MARYLAN	ID—CERTIFICATE OF DEATH (1500)
1. PLACE OF DEATH	75)
County Calvert	Registration Dist. No. 5 /
Village or City Part Rea	St., Ward
Length of residence In city & Dwn where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth?
2. FULL NAME Larraine Co	umadore
(a) Residence: No. Part Pubub	le St. Ward.
(Usual plage of abode)	If nonresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLONOR PIECE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	
6a. If married, widowed, or divorced HUSBANO of (or) WIFE of Marie Common	(any 22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) 3/23/0	I last saw h alive on affended death is said
AGE Yoars Months Days If LES	S than to have occurred on the date stated above, at 4 Pm.
26 2 25 1 day, or	min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	acute alcoholism I day
10. Oate deceased last worked at this occupation (month and year) occupation	
PIDTINI ACC (SILVER)	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)(State or country)	
13. NAME Just Commad	ane
13. NAME JUST COMMON 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 17.	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Torus et Jour	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
(Address) ort Cipublic	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Drowns Church Oate 6/19	Manner of injury
19. UNDERTAKER N. J. Sewell (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO // 9 , 193 3 2 M. Jung	(Signed). Dusine M. D
	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1
G WHOLO TO BE	Mug 1,1920	·	1 year

	Village or City Proonus	Registration Dist. No. 2 / St., Wa
	Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How logg in U.S. if of foreign birth?yrsmos
2	FULL NAME Narry haddes	an Davis
2000000	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, AVIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH Jerne 7 3, 193 3 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Nat 1 attended decaased to
6. I	ATE OF BIRTH (month, day, and year) 8/22/69	Hast saw h malive on fruit 35, 19 35 death is s
7. /	1 day bro	to have occurred on the date stated above, atm.
	00 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one
NO	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	deute Bonchitis 1 d
OCCUPATION	9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc	
Ö	10. Date deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) altrona Pa	Other Contributory Causes of Importance:
œ	(State or country)	april hima
HEK	13. NAME / Mup Jane	Ch, Thy ocarris
Y	14. BIRTHPLACE (city or town)	Name of operation Date of Date
7	15. MAIDEN NAME Sava Stath Half	What test confirmed diagnosis? Was there an au'opsy?
E		23. If death was due to extarnal causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
MOM	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17.	INFORMANT Me a. L. Duris (Address) 7-7-71 Chiefts \$35.8	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, DR REMOVAL Place A ash. D. C. Date / 26 , 1932	Manner of injury
19.	UNDERTAKER M. Mr. Chambers, (Address) Hash S. C.	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED 6/24 19 33 DM. Juij	(Signed) myery M

CENTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	· · · · · · · · · · · · · · · · · · ·		Registration Dist. No. 5 7
	Village or City	(NoSt., If death occurred in a hospital or institution, give its NAME instead of street and nur
	T.	and the same of th	osds. How long in U.S. if of foreign birth?yrsmos.
2	2. FULL NAME Dea		
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and St
	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. \$	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	Fretus	22. I HEREBY CERTIFY, That I ettended de
6. I	DATE OF BIRTH (month, dey, end year)	June 10-193-	I last saw h alive on 19
	AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at 10Pm.
		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Thetre	
AT	SAWTER, BUOKKEEPER, etc		37000011; -
OCCUPATION	SAW MILL, BANK, etc	1	Goelus - 14 weeks
Ö	this occupation (month and year)	11. Total time (years) spent in this occupation	
12	BIRTHPLACE (city or town)	mons	Other Contributory Causes of Importance;
1 400	(State or country)	margland	
HER	13. NAME Edwin Du	dley Hear	
FATH	14. BIRTHPLACE (city or town) (State or country)	ingloved	Name of operation
	15. MAIDEN NAME Rhoda 7	version Trouven	What test confirmed diagnosis? Was there an eu/o
THER	16. BIRTHPLACE (city or town)	2	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
MOT	(State or country)	orginal	Where distinjury occur?
17.	INFORMANT & Dudley &	nous med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18.	BURIAL, CREMATION, OR REMOVAL Place	Date 9(1 ,1933	Manner of injury
19.	UNDERTAKER & D. D. (Address)	com juind	24. Was disease or Injury in any wey releted to occupation of deceased?
20	67. 33	A-9.1. 1-106	(Signed) D'CLS'SDOY
44.	FILED, 19.2.	Registrar.	(Address) Solomon Me

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	em of infor-	should state	f OCCUPA-	1
•	RECORD. Every i	. PHYSICIANS	Exact statement c	
FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	ertificate.
ARGIN RESERVED FOR BINDING	H UNFADING INK-THIS	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (5930)
1. PLACE OF DEATH	(22:00)
County Calvert	Registration Dist. No. 50
Village or City Cotters	No. St., Ward
Length of residence in city or town where death occurred where the length of residence in city or town where death occurred where the length of residence in city or town where death occurred where the length of residence in city or town where death occurred where the length of residence in city or town where death occurred where the length of residence in city or town where death occurred where the length of residence in city or town where death occurred where the length of residence in city or town where death occurred where the length of residence in city or town where death occurred where the length of residence in city or town where death occurred where the length of residence in city or town where death occurred where the length of the length occurred where the len	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Elizaleth Ellow M	& Cready.
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Clearles Wesley Microsdy	May 2 1933 to May 28 1933
6. DATE OF BIRTH (month, day, end yeer) July 9 1867	l lest saw her elive on May 28, 19 = deeth is seid
7. AGE Yeers Months Deys If LESS than	to heva occurred on the dete stated ebova, at 2.46 Am.
71 4 24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence ware es follows:
8 Treda profession or perticular	Date of onset
kind of work done, es SPINNER, Houseur fee.	arteriosclerosis 1926
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Cerebral tumonluge 1/22/33
U 10. Date deceased lest worked at 11. Total tima (yeers)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city of town). Maryland	Other Coutributory Causes of importance:
(Stete or country)	
# 13. NAME Herry Thomas	
14. BIRTHPLACE (city or town) manylaced	Neme of operation
(Steta of country)	Whet test confirmed diegnosis?
15. MAIDEN NAME Cellew Evaces	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Many Carles	Accident, suicide, or homicide?
(State or country)	Where distinjury occur? (Specify city or town, county and State)
17. INFORMANT Jany M- Cready	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Addre	
Place Luserp. med Data June 4 19 33	Menner of injury
10 March & dw Shimplerer 1	24. Wes disease or injury in any way related to occupation of deceased? No
19. UNDERTAKER (Address) CVC COMMON THE COM	If so, specify
20. FILED June , 3 , 1933, Dr. Es. Goster	(Signed) 6 S. Coster, M.D.
20, FILED Wite, 5, 1933, Vi Co Bridge Registrar.	(Address) Lormons, Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	150
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago ;
NO KIN		1	-4
Other contributory causes of importance:		Other contributory causes of importance:	- 79
Outer contributory causes or importance.		Office contributory causes of importance.	***
Gallstones	May 1,1923	Gastroenteritis	1 year
		-	C 4 - 1 2

STATE OF	MARYLAND-CERTIFICATE OF DEATH	05931
DEATH		

1. PLACE OF DEATH	(210-8)	
County Calvert	Registration Dist. No. 5/	
Village or City N. Mederical	NoSt.,Ward If death occurred in a horpital or institution, give its NAME instead of street and number)	
	sds. How long In U.S. if of foreign birth?yrsmosds.	
(a) Residence: Np. 12/4 M. (Usual place of abode)	St., Ward. M. Mashington D. C. If nonresident give city or sown and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Description	21. DATE OF DEATH (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ecile Mc Goore (nee) Bockslo	22. I HEREBY CERTIFY, That I attended deceased from 19.3.3, to 19	
6. DATE OF BIRTH (month, day, and year) May 26, 1914 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3 '5 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Elevator operator SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific profession).	Mactures Skure Central Sacration + Lemandage	
10. Date deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Coatributary Causes of importance:	
13. NAME Joseph L. Mc Jowne 14. BIRTHPLACE (city or town)		
(State of country)	Name of operation	
15. MAIDEN NAME (atheriae Dowley 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Wife (Cecile Mc Jorone) (Address) / 2/4 N. Capital St. Mach. De	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Accident Date of injury 6/1/, 19 3 3 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Hash, D.C. Date 6/12 19.3	Manner of Injury Thrown from automobile	
19. UNDERTAKER Mank Skiers Sons Co. (Address) 1/1 3-7 th St. N. N. Wash, D.C.	24. Was disease or injury In any way related to occupation of deceased? H	
20. FILED 12 , 19 3 3 J. N. Jung Registrar.	(Signed) Lager State M.D. M.D. (Address) Lager Rederick, Med.	
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

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Example-I		Example II		
The principal cause of dea of importance were as followed	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 19 ¹ 20	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	30-	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUR			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		
· Marie Company of the Company of th		

If more blanks are needed, addjess State Registrar,

(43-0)	
Registration Dist. No. 5 a	
NO. St., death occurred in a horpital or institution, give its NAME instead of street and	
ds. How long in U.S. if of foreign birth?yrsm	iosds.
they	
St. Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
(Month) (Day)	., 193
(month) (bay)	(Tear)
22. I HEREBY CERTIFY, That I attended	
	(501,10
flest sew han alive on 1977	_; death is said
to heve occurred on the dete steted above, at 12.05 An.	
The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance	
Hyperlansion	Oate of onset
	1925
Other Contributory Canses of importance to the country of the distributions occurred.	19.37
0 1 100	1,190
Direction: 18 hours . Can	2
4	4
Neme of operation	
What test confirmed diagnosis? Was there an	
23. If deeth wes due to external causes (VIOLENCE) fill in also the following	
Accident, suicide, or homicide? Date of injury	, 19
Where did Injury occur?	
(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
Manner of injury	
Mature of injury	
24. Was diseese or injury in any wey related to occupation of deceesed?	Va
(Signed) Angle Ward	
(Address) A Devening	M. O.
	1 /2

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
5037. V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

BINDING

FOR

RESERVED

RGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE 24. Wes disease or injury in any way related to occupation of deceesed? If more blanks are needed, addess State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A Washington Co.			

BINDING

RESERVED

RGIN

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STATE OF MARYLAND—CERTIFICATE OF DEATH U5934

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Example 1		Example 11	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH		(20)
County Calvert	*************	Registration Dist. No. 3 2
Village or City Mt Harris	esury	NoSt.,W
Length of residence in city or town where		f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Many	Heaves	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MAKRIED, WIDOWED, OR DIVORCED Cuffice the word)	21. DATE OF DEATH (Month) (Day) (Year
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	nuel Thomas	1 HEREBY CERTIFY, That I attanded dacassed
5. DATE OF BIRTH (month, day, and year)	of tenorin 1839	I last saw he allve on 70 ; deeth is
9 of Vears Months	Days If LESS than 1 day,hrs.	to have occurred on the date stafad ebova, at
8. Trada, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc.	metico	Lastro enteritis
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaased last workad at this occupation (month and	dufe	
10. Date decaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)		Other Contributory Causes of Importance:
13. NAME Cham 26	neet	
13. NAME (Law)	/	Name of operation
(State of country)	11/1/	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	a	23. If daath was due to axternal causas (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place ALL Nofte	Date June 29, 19.33	Mannar of injury
19. UNDERTAKER HILSON & (Addrass) Pares Tr	ewell	24. Was disease or injury In any wey related to occupation of daceased? LCQ. If so, specify
20. FILED June 29, 19 3 3	Ma Mardost Registrar.	(Signed) Augh Warf

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JUL 8 1933	į.		
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WITH

V. S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 Julyō,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING ARGIN RESERVED mation should be carefully supplied. AGE should be B.-WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Calvell	Registration Dist. No. 3
Village or City Hunter y lawre	No. St., Ward
Length of residence in city or town where death occurred left yrsmos	death occurred in a horpital or institution, give its NAME iostead of street and number) ds. How long in U.S.If of foreign birth?yrsmosds
2. FULL NAME Squale Lane Wa	tts.
(a) Residence: No. Huntlen a town	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
ia. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of James Walls	22. I HEREBY CERTIFY. That I attended decessed from
0 - 1811	March 1933, to Just 12, 193
B. DATE OF BIRTH (month, day, and year) Jan 5, 1866	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
6/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Central & lycombours from
SAWYER, BOOKKEEPER, etc.	The state of the s
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	areno xareania
10. Date deceased last worked et this occupation (month and year)	
1/1/1/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) CState or country)	
13. NAME John Wesley Brown 14. BIRTHPLACE (Gity or town) Calvell Coursely (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Packel Cyre Volume	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (Fachel Clayer Johnson) 16. BIRTHPLACE (city or town) Calvert Drunts	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur?
17. INFORMANT Laure Chase Joseph (Address) Columb Chase Joseph	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Perturbent Date 16/18, 1933	Nature of injury
19. UNDERTAKER 11, 2). Sewell	24. Was disease or injury in any way related to occupation of deceased?
(Address), Afre, nd.	If so, specify
00 FUED 115 1 33 (121 /	(Signe) AND TEN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of deat of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1 77	. 1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BUREA	July5,1927	Peritonitis	3 days ago		
Control Control						
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

A	E	stal	UPA	
X	tem of	pluods	of OCC	
	N. B.—WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every feen of into	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
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9	REC	PI	Exact	
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DIN	IANI	ACT	ssifie	
BIN	PERM	EX	y cla	te.
OR	A E	ated	oper	rtifica
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ARGIN RESERVED FOR BINDING	VFAI	plied.	rms,	nstru
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	ILY,	e car	ATH	port
	LAIN	q plu	DE	ry in
T	TE P	oys r	E OF	is ve
V. S. No. 1	WRI	nation	CAUS	TION is very important. See instructions on back of certificate.
S. No.	B.	H	_	
>	Z			

4		OF MARYLAN	ID-CER	TIFICATE	OF DEAT	H fus	928
1. PLAC	e of DEATH	, t		(\$2·20)	Registration Dis	No 5	1
	or City acle	lena	No.			. NoSt	W
Length	of residence in city or town whe	re deeth occurred 57yrs			itution, give its NAME in f of foreign birth?		
2. FULL	NAME albe	ita Wh	ite				
(a) Re	sidence: No.	(Usual place of abode)	St.,	Ward.	If nonresident give	city or town an	d State
PER	SONAL AND STATIS	TICAL PARTICULARS	6	MEDICAL (CERTIFICATE O		
J. SEX Few	4. COLOR OR RACE Coloug	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Manual		TE OF DEATH	(Month)	3 (Day)	, t93 (Yea
5a. If married, HUSBANT (or) WIFE	of Gabrie	I w hite	- 22 y n	HEREB 1 30	Y CERTIFY.	Thet I attended	I deceased
6. DATE OF B	RTH (month, dey, and yeer)	1896-unl.	St sav	v h.e. alive on	Tunk	3,19.3	deeth i
7. AGE	Years Months	Days If LESS	1	occurred on the date ste	ated above, at	m.	
5/		1 dey,		NCIPAL CAUSE OF DEA	ATH and releted causes of	importance	Pate of
8. Trade,	profession, or particular d of work done, as SPINNER, WYER, BOOKKEEPER, etc	Housewall	6	enbral	Hemor	Mage	June
4 9 Andust	y or business in which k wes done, as SILK MILL.	.,,					
SA SA	W MILL, BANK, etceceased last worked at	11. Total Nima (www.)					-
- 1	occupation (month and	11. Total time (years) spant in this occupation	Spe				
12. BIRTHPLA	CE (city or town)	lant Count	Other Co	entributory Causes of tm	portence:		odimi
(State	r country)		I de	specien	sion		
13. NAME	Keur	y moure	- 0.	Z			
	PLACE (city or town)	Calver Con		operetion		Oate of	
当. MAIDE	2	unteres			auses (VIOL ENCE) fitt In		
F 1	PLACE (city or town)	0 , 0			Date		17
Σ (Si	ate or country)	alyest to		id injury occur?			
17. INFORMAN (Addre		w lule	Specify v	whether Injury occurred	(Specify city or tow in INOUSTRY, In HOME,	n, county and Sta or in PUBLIC Pt	LACE.
18. BURIAL, CE	emation, or removal	Q. Date James 4.	1058	of Injuryf injury			
19. UNDERTAK (Addrø	ER VYS	mel	24. Wes d	1)	wey related to occupation	of deceased?	No.
0	2-12 225	27110	(Sig	1 1 a M	en skill	1	

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